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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* Y \*\*\*\*\* OWN  
 This appln claims benefit of 60/216,567 07/07/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\* N \*\*\*\*\*

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 \*\* 05/18/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 68	INDEPENDENT CLAIMS 8
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ADDRESS  
 26875  
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TITLE  
 System and method of planning a funeral

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